

*Patricia Booker*

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10/580252					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23			1				73						
24			1				74						
25			1				75						
26			1				76						
27			1				77						
28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEF.		2					TOTAL DEF.						
TOTAL CLAIMS			9				TOTAL CLAIMS						